
Antelope Valley Ostomy News

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January 2006

*Local News...~ by Ann Wright, RN,
CWCN, COCN, CNS, Editor Lancaster
News*

New Year's greetings to everyone!
I hope this fresh, new year brings the best
in health, happiness and hopefulness to you
all.

Many thanks to Marty and Gerry Anderson
for hosting our Support Group Christmas
dinner! It was a wonderful dinner, and as
always, the room was so nicely decorated
for the occasion. We appreciate the warmth
and hospitality extended to all who
attended! And thanks to everyone for your
contributions to the Health Homes families.
Your generosity is astounding, and the staff
at Healthy Homes was so grateful to be
able to offer so much to their families in
need. Thank you so much!! (We gathered
nearly \$200 in gift cards for the older
children in the families!)

At our meeting in November, the subject of
Medicare Part D (I won't share what the "D"
really means to some of our members) was
discussed. There is a great deal of
information being tossed around, and with
that, confusion. I am attaching a list of
organizations and phone numbers, which
may be helpful to you. Additionally, I have
invited Virginia Viramontes from the Senior
Outreach Network to speak at our next
meeting, January 15th. Virginia is a licensed
insurance broker and has gathered a
substantial amount of information on the
subject. I hope to have a good turnout, so
please plan to attend the meeting, **Sunday
January 15, 2006 at 2:00 PM** at the

Lancaster Senior Center, 777 West
Jackman St. Lancaster, Room 101.

*Directions: From J and 10th St. West take 10th
Street West north to Jackman (runs between
Lancaster Blvd. And Ave. I). Turn right on
Jackman.*

GUEST SPEAKER FOR JANUARY MEETING:

VIRGINIA VIRAMONTES OF SENIOR OUTREACH
NETWORK TO PROVIDE INFORMATION ABOUT
MEDICARE PART D. PLAN TO ATTEND!



Medicare Prescription Benefit

For information on **Medicare
prescription drug coverage**
read the "**Medicare and you
2006**" handbook that was
mailed to you in Oct 2005. It will list
specific plans available in your area. After
Oct 2005 if you need help:

- Visit www.medicare.gov on the web
and get personalized information
- Call 1-800-MEDICARE (1-800-633-
4227). Have your Medicare card, a
list of drugs you use, and the name
of the Pharmacy you use ready
when you call.
TTY users should call 1-877-496-
2048.
- Get a free copy of the booklet "Your
Guide to Medicare Prescription Drug
Coverage" (CMS publication #
11109) on www.medicare.gov or by
calling 1-800- MEDICARE.
- Call your State Health Insurance
Assistance Program for free
personalized health insurance
counseling.

2

- Contact your local office on aging:
Lancaster: 726- 4400; Palmdale: 267-5551
Mojave/Cal City/Rosamond: 256-0557
- Call Center for Health Care Rights.
213-383-4519(within LA County) or
1-800-824-0780
- Speak to your Pharmacist – he might
be able to help you.

If you have both Medicare/Medical by Jan 1st 2006, you will automatically be enrolled in Medicare Part D. You should have received this card in the mail – show it to your Pharmacist.

Medicare Recipients Be Aware! ~ by Ann Wright

In all the confusion with the new prescription drug benefit, be cautious about signing up with plans or “benefits” you are not sure about. Signing up for a “Managed Medicare” plan, can offer a number of advantages. However, be aware that managed Medicare plans may have some differences in services provided, compared with the traditional Medicare plan. For example, people receiving Home Health, under traditional Medicare services, may receive a number of therapies under a specific treatment plan. Once the patient signs up for Managed Medicare, the management group may use a completely different Home Care agency than the one the patient has been using, and the services may be interrupted for a period of time until the care can be transferred to the “new” agency. **Please be certain to contact any service providers if your insurance changes!**

Also, be alert for marketing strategies used by some Medicare managed care plans. There are limitations on the marketing activities that are allowed for managed Medicare plans. The following activities are, for example, prohibited:

AV Ostomy News

- Door-to-door solicitation prior to receiving an invitation to a beneficiary’s home;
- Requests for personal information such as social security numbers and bank account numbers;
- Paying cash inducements to beneficiaries to sign up or providing cash gifts to encourage beneficiaries to sign on;
- Providing inaccurate or misleading information during sales presentations.

If any companies practicing these activities approach you, it should be reported to both the Managed Care Group at the Centers for Medicare and Medicaid Services (CMS) and the insurance commissioner.



A “SOFT TOUCH” ALL WINTER

Via: Los Ileos News & Hemet– San Jacinto, CA
Winter skin problems can occur whether you are indoors or out, male or female, young or older. Here is some advice from several prominent dermatologists.

* The dry skin syndrome affects only the top layer of skin, the stratum corneum. It is as thin as tissue paper and it is composed of flattened dead cells manufactured in the layer below. Water and body oil move from the live skin to the outer layer. The oil keeps the water from evaporating quickly and it is the water that makes skin moist.
* Moist or dry skin is due, in large part to heredity. The trick is to alter the environmental elements that trigger dry skin. Oddly enough, winter skin problems

3

begin indoors. The heated air absorbs moisture, and draws it from every available source. The skin is a natural target. Here are some easy to follow hints to make life better for your skin.

1. Turn down the heat in your home.
2. Feed moisture into your home so humidity can protect your skin. If you have central heating, you can add a humidifying unit, or you can buy an inexpensive humidifier for your rooms. They are very helpful in bedrooms and can keep you from having puffy eyelids and dry throats.
3. Substitute a quick shower, or at least a short warm bath for a long hot soak in the tub. Take it easy with the bath soap in the winter. A luxurious lather feels good to the touch but is bad for your skin because it washes away the skin's own protective oils.
4. Apply a moisturizer to the skin right after the bath or shower. (Ostomates, omit the cream on the abdominal area.) Pick a product you really like and use it faithfully. The only part of the skin that dries out is the top layer, no matter what manufacturers say. Of course, you know to drink enough water.
5. Invest in a good pair of rubber gloves and use them for those cleaning agent and solvent jobs. Wear gloves when outdoors. If your hands are extremely dry, sleep in cotton gloves after putting on cream.
6. Avoid too tight clothing. They rub against dry winter skin; it itches, you scratch, the cycle goes on.
7. There are two other winter skin problems: frostbite and winter sunburn. With frostbite, warm the area with blankets, a bare hand or room temperature water; never with snow or vigorous rubbing. Always wear sunscreen when venturing outdoors. Have a happy comfortable winter.

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Editors note: I remember reading somewhere that itching dry skin can be helped by putting some oatmeal in a small cloth sack and let it stand in your bath water. It seems to relieve the itching.

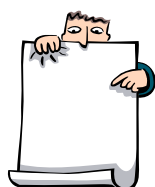


CONTINUE YOUR SOCIAL LIFE WITH AN OSTOMY

Via: The Pouch, N. Virginia & GB News Review

Your social life can be as active as it was before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, religious occasions, or whatever you enjoyed before. The first time you go out of the house after surgery, you may feel as if everyone is staring at your appliance, even though it is not visible under your clothing. You can feel your appliance on your body, but no one can see it. Keep these questions in mind: Did you know what an ostomy was or where a stoma was located or what it looked like before you had surgery? For those with colostomies or ileostomies, you may also worry about your pouch filling with gas and sticking out under your clothing. A quick trip to the restroom can take care of this problem. If you are worried about your pouch filling up immediately after eating at a social event, remember, people without ostomies often need to go to the restroom after eating, and nobody will think it is unusual if you do the same. You probably will find that you need to empty your pouch less often than you need to urinate. You may be wondering about your relationships with others. Now that you have an ostomy, you may feel that it will change your present relationships and decrease new opportunities for friendship and love.

True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. You have the same qualities you had before surgery, and your ability to develop friendships is unchanged. If you care about yourself, others will feel your strength and will not be deterred. If your ostomy does cause a break in friendship, a relationship, or even marriage, this relationship was not built on trust and mutual respect and probably would have crumbled some time in the future anyway.



POINTERS FOR THE NEW OSTOMATE

Via: Big Sky Informer & Hemet-San Jacinto, CA

- * There is no answer for "Why me?" but it is normal to ask the question and you do need to work through the answer to this.
- * Each person's ostomy is different, even as our fingerprints are different.
- * Support and information received from someone who has an ostomy can be helpful. Ask your doctor or ET nurse to arrange an ostomy visitor.
- * It is your ostomy; learn to manage it and don't let your ostomy manage you. In the beginning, it is normal for your ostomy care to be the center of your existence; however, with time and practice your ostomy and its care will become a normal part of your life.
- * Basic management skills can be learned, new experiences.
- * Any problems that develop must be met and managed as they occur. With time and experience you will become comfortable with your ostomy care.
- * You are alive! You will get better and stronger. Give yourself time to get over

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ostomy surgery and to adjust to this body change and adapt to your ostomy.



REIMBURSEMENT OF OSTOMY SUPPLIES BY MEDICARE

Via: Metro Maryland & Hamilton-Fairfield, OH

Medicare (Part B) covers most ostomy supplies that are ordered by a physician and needed for the day to day care of a stoma. However, Medicare B reimbursement policies for ostomy supplies have changed. Until 1993, Medicare B reimbursement for ostomy supplies varied from one region of the country to another. Someone in Florida might be reimbursed at a higher rate for more pouches than someone in Montana, even though each one was paying the same Medicare premium. To equalize benefits, Medicare set nationwide standards for the quantities of ostomy supplies normally used in a month. In 2000 Medicare changed the amount of supplies reimbursed. Below are some of the inclusions:

Skin barrier with flange	Up to 20/month
Drainable pouches (one-piece and two-piece)	Up to 20/month
Urostomy pouches (one-piece and two-piece)	Up to 20/month
Closed-end pouches (one-piece and two-piece)	Up to 60/month

Unfortunately, many people with ostomies have assumed that Medicare will not pay for more than the quantity of supplies listed in the policy. Although the newest allowance is fairly liberal, Medicare is aware that all people with ostomies are not alike and has written its ostomy policy to accommodate individual needs. Medicare may request additional documentation supporting the need for an increase in supplies. If Medicare has a question about your need for supplies, they will contact your

physician. Usually, a **Letter of Medical Necessity** will be required for Medicare to increase the allowable supplies. The letters should explain the type of ostomy you have, the pouching system prescribed, any complications and why additional pouches are necessary. Initial prescriptions for ostomy supplies must be signed and dated by your physician. Your supplier must keep a copy of the prescription on file. If for some medical reason you must increase your quantity or change to another type, of supply, Medicare requires a new order from your physician.



DON'T SWEAT IT

Via: Rose City Ostomy News

Does sweating cause you pouching problems? If you work

or live in a warm environment, and if you are an athlete or just prone to sweating, you may have problems keeping your pouch barrier on. Here are three approaches to solving your problem.

Sweat less! Some antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch. C.C., a cyclist in Maryland, uses Tussy 5-day antiperspirant that is sold in packets. Mitchum and Crystal, among others, have been used successfully by ostomates to diminish perspiration. Do your own research and find one that works for you.

Increase adhesion! If your barrier is floating off, consider increasing the quantity of adhesive. SKIN TAC has recently been produced in a new wipe-on form. This is a thin, clear adhesive that is easily removed with alcohol. Torbot manufactures it. Hollister makes a medical spray. And for the truly needy, there are paint-on adhesives that, though more cumbersome,

AV Ostomy News

can make a dramatic difference in adherence. Two of these are Nu-Hope Adhesive and Skin Bond by Smith and Nephew. All of these products are available at most ostomy product dealers.

Try a breathable barrier...

The MicroSkin adhesive barrier on all Cymed pouches is moisture-vapor permeable, and allows perspiration to flow through the barrier rather than being trapped beneath it. John Dermengian recently wore a Cymed pouch through the grueling Ironman Triathlon. His pouch held up through 16 hours of extreme physical exertion and lasted a total of 6 days..



PREVENTING SKIN IRRITATION

Via: Metro Maryland & So. NV. Town Karaya

You do not have to put up with irritated skin. A properly fitting pouching system changed as needed will prevent skin irritation in most instances. Irritation right around the stoma can be a sign of poor adhesion which permits leakage of body waste. Your skin barrier should be changed as soon as it starts to leak. The time you can wear it comfortably will vary depending on your activities. You may need to change it more frequently when you exercise strenuously or when the weather is hot and you are perspiring. Itching, redness, or rash may be caused by constantly pulling the adhesive away from the skin. It may also indicate that you are allergic to the adhesive. Report any such reaction to the doctor, nurse, or ET nurse immediately. There are several types

6

of skin barriers available. You should be able to use at least one of these with no problem.

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Don't forget...Ostomy Support
Group meeting Sunday, January
15, 2006 at 2:00 PM at the
Lancaster Senior Center!